

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

27961

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 10-33  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 7016  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 4244 St. Louis Ward. 11  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1896

7. AGE YEARS 37 MONTHS 5 DAYS 7 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salistody  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo.

13. NAME Edward Bullinger

14. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Emma Reddick

16. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Dr. J. M. Knight

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City DATE Aug 17, 1933

19. UNDERTAKER (ADDRESS) Wright City

20. FILED Aug 14 1933 19 1933 Registrar. J. F. Biedeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-30 1933 to Aug 14 1933

I last saw her alive on Aug 14, 1933. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
Int.  
Other contributory causes of importance: ---

Name of operation..... Date of.....  
What test confirmed diagnosis? Clin. Path. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) J. M. Knight M. D.  
(Address) City Hospital

SEP 26 1933

